



Creating Value With Every Part

EMPLOYMENT APPLICATION

Interfuse Manufacturing is an Equal Opportunity Employer. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

Name

Last

First

Middle

Date of Application

Address

Street

City

State

ZIP Code

Telephone

Home ()

Cell ()

Email Address:

Positions Applying For:

- Welder (please complete addendum)
- General Laborer
- Human Resources
- Machinist
- Shipping/Material Handling
- Accounting/Finance
- Machine Operator
- Quality
- Programming/IT
- Maintenance

What shifts are you available to work? 1st 2nd 3rd

How did you hear about the company? _____

GENERAL INFORMATION:

Are you legally eligible for employment in this country? Yes No Date available for work: _____

Type of Employment Preferred: Full-time Part-time Co-op/Internship Desired rate of pay: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need for information about the "essential functions" before responding

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, please provide details and dates: _____

Have you entered into an agreement with any former employer (such as a non-compete agreement) that might, in any way restrict your ability to work for our company? Yes No

If yes, please explain: _____

EDUCATION:

School Name and Location	Graduated	Area of Study/Major/Minor	GPA/Class Rank
High School	<input type="radio"/> Yes <input type="radio"/> No		
Business/Trade/Technical School	<input type="radio"/> Yes <input type="radio"/> No		
College	<input type="radio"/> Yes <input type="radio"/> No		
Other: Classes/Seminars	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		

EMPLOYMENT HISTORY: (Begin with most recent employer)

Employer	Telephone #	Starting Date:	Ending Date:
Street Address	City	State	Compensation (Starting)
Starting Position	Ending Position	<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Immediate Supervisor/Title	May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later	Compensation (Final)	
		<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Job Responsibilities:			
Why did you leave?			
Employer	Telephone #	Starting Date:	Ending Date:
Street Address	City	State	Compensation (Starting)
Starting Position	Ending Position	<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Immediate Supervisor/Title	May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later	Compensation (Final)	
		<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Job Responsibilities:			
Why did you leave?			
Employer	Telephone #	Starting Date:	Ending Date:
Street Address	City	State	Compensation (Starting)
Starting Position	Ending Position	<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Immediate Supervisor/Title	May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later	Compensation (Final)	
		<input type="radio"/> Hourly <input type="radio"/> Salary	\$ per
Job Responsibilities:			
Why did you leave?			

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

SKILLS AND QUALIFICATIONS:

Please list any special skills, abilities or accomplishments you have or organizations you belong to that may assist you in performing the job for which you are applying (software knowledge, certifications, specific industry knowledge, etc.)

REFERENCES:

Please list 3 professional references who are not related to you who we may contact.

Name	Title	Relationship to You	Telephone	Email	# Years Known

I certify that all information contained within the employment application is true. I understand that any information found to be false will eliminate me from further consideration for employment with Interfuse Manufacturing or if after time of hire may result in immediate termination from the company. I authorize Interfuse Manufacturing to obtain information from all references listed by me in the application.

Signature of Applicant _____ Date _____



APPLICATION ADDENDUM FOR WELDERS

If you are applying for a welding position with Interfuse Manufacturing, please complete the information below. In addition, all applicants being considered for employment are required to take a weld test to assess skills and capabilities. As a condition of employment, all welders are required to pass an AWS D1.1 Weld test at the time of hire.

Process/Procedures	Years of Experience
Flux core (FCAW)	
MIG (GMAW)	
TIG (GTAW)	
Pressure Vessel Welding	
X-Ray Testing Welding	
DIN Welding	
Air Carbon Arc Gouging	

Training	Years of Experience
Experience Training Others	
Safety Training	

Knowledge of Equipment	Years of Experience
Overhead Cranes	
Hand/Power Tools	
Forklift	

Plate Thickness	Years of Experience
1/8 inch	
1/2 inch	
1 inch+	

Other <i>(please list other skills)</i>	Years of Experience
Hand Held Plasma Cutting	
Setting Welding Machine	
Hand Held Oxy-Fuel Cutting	
Supervisory Experience	

Documentation Systems	Years of Experience
Blueprint Reading	
Welding Symbols	
Audit Sheets – ISO	
Non-Conforming Product	
Welding Procedure Spec	
Labor Reporting	

Please list all Welding Certifications you had in the past and applications you worked on:

Welding Certification(s)	Application (product, type of metals, etc.)

Total years of welding experience: _____

Applicant Signature: _____

Date: _____



APPLICANT FLOW DATA

Interfuse Manufacturing compiles statistical data on the sex, race, and veteran status of job applicants consistent with Federal equal employment opportunity laws. Your voluntary responses are treated in a highly confidential manner. Please complete this data sheet for compliance with the appropriate governmental regulations. This page will be removed from the application file.

Last Name _____ First Name _____ MI _____

Sex (Check One)

- Male
 Female

Ethnicity (Check One)

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Race (Check all that apply)

- American Indian or Alaska Native – a person having origins in any of the original peoples of North or South American (including Central America), and who maintains tribal affiliation or community attachment.
 Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
 Black or African American – a person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
 White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Provisions of this information are strictly voluntary and refusal to provide it will not subject you to any adverse treatment. Any information provided will be kept confidential and used only in accordance with Federal regulations.

Position applied for _____

Have you completed an application earlier this calendar year? Yes No

Date _____ Signature _____

Affirmative Action Program Announcement & Invitation to Self Identify

Interfuse Manufacturing is an equal opportunity employer and has committed to take affirmative action, advance in employment, and otherwise treat individuals without discrimination based upon disability or veteran status.

If one or more of the definitions on the reverse applies, you are invited to self-identify and be considered under Interfuse’s Affirmative Action Plan for employees and applicants who have a disability or veterans covered under the Rehabilitation Act of 1973 and the Vietnam Veteran’s Readjustment Assistance Act of 1974.

Submission of this information is voluntary and anyone who chooses not to provide it will not be subject to adverse treatment. Information obtained will be used only in accordance with Federal regulations and will be kept in confidence, except that:

- a) Necessary management/supervisory personnel may be informed in order to ensure proper placement and to accommodate a disability that you have identified,

- b) first-aid and safety personnel may be informed when and to the extent appropriate, if your condition might require emergency treatment, and
- c) Government official's investigation affirmative action compliance under the above cited Acts may be informed. At any future time, employees may indicate their desire to be considered under Interfuse's Affirmative Action Plan for Disabled Persons and Veterans and submit this self-identification form.

This information is provided voluntarily.

Use the following definitions to identify yourself as:

- _____ Individual with Disability means any person who
- Has a physical or mental impairment which substantially limits one or more of such person's major life activities;
 - Has a record of such impairment, or
 - Is regarded as having such impairment.

With respect to employment, an individual with a disability is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of such disability.

- _____ Special Disabled Veteran means a veteran entitled to disability compensation from the department of Veteran Affairs for
- A disability rated at 30 percent or more,
 - A disability rated at less than 30 percent, but who has been determined to have a serious employment handicap, or
 - Who was discharged or released from active duty because of a service connected disability.

- Veteran of the Vietnam-Era means a person who
- Served on active duty for a period of more than 180 days any part of which active military service was during the Vietnam era (August 5, 1964 through May 7, 1975) and was discharged or released there from with other than dishonorable discharge; or
 - Was discharged or released from active duty (August 5, 1964 through May 7, 1975) because of a service-connected disability.

_____ None of the definitions listed above apply to me.

A qualified individual with a disability or a qualified special disability veteran means a disabled veteran (as defined above) who is capable of performing the essential functions of a particular job, with or without reasonable accommodation to his/her disability.

Signature _____ Name _____ Date _____

If you are a person with a disability, you can assist us by describing accommodations that may be needed to enable you to perform a job properly and safely. Reasonable accommodations may include job restructuring, modifications of workplace or equipment, or acquisition of special devices. Requests for reasonable accommodations should be discussed with Interfuse Manufacturing.

Referral Source (please circle one)

Walk-in/write-in
 Ad Response
 State Employment Agency
 College Placement Office

Minority Referral Agency
 CETA Referral
 Private Employment Agency
 Employee